+Rettirmed to	Examiner for Correction; Count Withde
	erial Number: 09892204 Date: 8-9-05
	ISSUE REVISION CHECKLIST
	ACKET/ISSUE CLASSIFICATION SHEET Primary Examiner box complete County Many 9.06
, _	Issuing Classification complete
<u>!</u>	PTO-892/1449
_	Examiner's initials or cross-through lines supplied for each item cited by applicant
. · . ·	Date(s) supplied/complete on all PTO-1449/892 sheets (month and year required)
-	Brief description of drawings includes description of each figure in drawings
	Continuing data mentioned in I^{st} paragraph (can be an insert)
9	<u>CLAIMS</u>
	Claims listed on Notice of Allowability match claims and/or index of claims
	Claims correctly numbered in index (no duplicate or missing claim numbers, and no incorrect dependencies)
	One sheet of complete claims
	RAM FEES
•	Exam's Amdt (if applicable) Amount Charged N/A Should have been charge N/A
4	NOTICE OF ALLOWABILITY
	Box #3(drwgs accepted) or Box forected drwgs requested) has been checked
(INITIALED BIB SHEET Initialed Bib sheet present INCOmplete
	<u>OTHER</u>
	TSSC code processed in palm.